WHO ARE HARTFORD'S UNINSURED?

HOW CAN WE HELP?

Mayor's Health Insurance Task Force
Final Report
July 17, 2008

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I. Introduction

The United States is the world's only advanced nation that fails to provide health coverage to all of its residents. In 2005, Connecticut spent approximately $15 billion dollars on health care costs. This total included $572 million spent on the direct health costs of uninsured residents (The Universal Health Care Foundation, 2006). It is certain that Hartford's estimated 29,000 uninsured residents will add to this total as they seek to obtain health services that they desperately need (BRFSS Survey Data, Appendix A). What needs to be decided is the point of intervention. Specifically, "do we become involved in the needs of the uninsured through the provision of preventive services available through access to routine care or do we wait until illness leaves them no recourse but to seek treatment?" The plight of Hartford's uninsured cannot be ignored as the costs to our humanity, institutions and economy are great. We must consider that, in the absence of access to routine primary care, many of our uninsured rely on emergency departments located at Connecticut Children's Medical Center, Hartford and Saint Francis Hospitals as their provider of last resort. These circumstances result in health care interventions after the onset of disease or when disease has already had a debilitating and/or chronic effect on the individual. The available literature supports the contention that intervention at this point is more costly than the provision of preventive care. With the quality of life for many of the uninsured already adversely impacted by poverty, the presence of avoidable illness and/or large medically incurred debt, places further stress on already challenging circumstances. In short, being uninsured and lacking access to preventive care is hazardous to your health. Preventive care can not only improve ones quality of life, but it has been proven to lower the economic burden to our nation by delaying or preventing the onset of chronic disease. Per the Center for Disease Control (CDC), chronic diseases, such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. These diseases account for 70% of all deaths in our nation and about 75% of all health care expenses (CDC, 2008), (Connecticut Health Insurance Policy Council Inc., 2007). The solution to these common, costly and preventable health problems is access to preventive care, available through insurance.

Consistent with the rest of our nation, concerns regarding the incidence of chronic illness and its relatedness to the lack of insurance are also significant in Connecticut where 16.5% of adults smoke, 20% are obese and almost 10% are asthmatics (Connecticut Health Insurance Policy Council, 2007). These figures are problematic, yet Hartford's health statistics are even more alarming as the 2006 Hartford Health Survey offers smoking, obesity and asthma rates of 22%, 38% and 20% respectively. As previously stated, the impact of these risk factors can be addressed, if not prevented, through the course of routine preventive care. Unfortunately, for tens of thousands of Hartford residents, routine access to preventive health care is not a current reality.

With this reality as a backdrop, during his Inaugural address on January 7, 2008, Mayor Eddie A. Perez announced that he would convene a task force made up of healthcare providers, insurers and medical experts to explore potential public/private partnerships that would result in the provision of affordable health insurance for Hartford's uninsured residents who are not eligible for federal and state programs. This document represents the process undertaken by this task force, as well as recommendations for addressing the needs of Hartford's uninsured residents.

II. Task Force Members and Work Flow Process

To initiate the process of reviewing the demographics, disease concerns, barriers to access and potential approaches to meeting the needs of Hartford's uninsured; Mayor Perez sought to use the expertise of the city's local health and wellness leadership through the creation of, "The Mayor's Task Force on Hartford's Uninsured." The task force membership was composed of the following individuals:

1. **Carlos Rivera**, Director, Hartford Department of Health and Human Services, Task Force Chairman
2. **Jeannette De Jesus**, Executive Director, Hispanic Health Council
3. **Alfreda Turner**, President, Charter Oak Health Center
4. **Bruce Gould**, M.D., UCONN School of Medicine, Medical Director for City of Hartford Health and Human Services Department
5. **Paula Greenberg**, Vice President, Women's Health USA
6. **Chris Hartley**, Senior Vice President, Saint Francis Hospital
7. **David Henderson**, M.D., Asylum Hill Family Practice Center
8. **J. Kevin Kinsella**, Vice President, Hartford Hospital
9. **Orlando Kurtain**, M.D., Chief of Surgery, Hartford Hospital
10. **Scott Wolf**, M.D., Northeast Medical Director, Aetna, Inc.
11. **Kurt Westby**, CT District Chairman, SEIU Local 32BJ
12. **Michelle Zettergen**, Regional Vice President of Underwriting, Anthem Blue Cross and Blue Shield

The task force began its work on February 26, 2008 with an initial proposed end date of July 8, 2008. As the work of reviewing the status of the uninsured progressed, it became apparent that an additional week would be needed. Thus, an additional week was added with the date for presentation of recommendations to the Mayor set for July 17, 2008.

To organize the work of the task force, the following work plan was created which details specific questions posed by Mayor Perez. These questions served as a guidepost by which a numerical designation would be given to the area of focus for individual presenters (**See Far Right Column of Work Plan**). The work plan also included presenters and their scheduled date of presentation.

Work Plan

Task Force Questions:

1. Who are the uninsured in Hartford?
2. What are the primary medical concerns facing our uninsured?
3. What affordable private/public insurance solutions presently exist that meet the basic needs of our uninsured residents?

Date:	Presenters:	Question #
February 26	Task Force Kick Off, Mayor Perez and Task Force Members	N/A
March 11	Aetna	3
March 25	City of Hartford HHS	
	Hartford Hospital Emergency Department	1, 2
April 8	Public Hearing	1, 2
	Department of Social Services (DSS)	3
April 22	Kurt Westby, SEIU Local 32BJ	1, 2
May 6	Michael Sherman, CHS	1, 2, 3
	Bob Patricelli, Evolution Benefits	1, 2, 3
May 20	CCMC, Dr. Antonelli, Access to Care	1, 2
	Anthem Blue Cross/Blue Shield	3
June 3	Public Hearing	1, 2
	Community Health Network of CT	3
	Tom Reilly, Webpage Schedule Product	3
June 24	United Healthcare (AmeriChoice)	3
	Universal Health Care Foundation	1, 2, 3
	Mayor's Healthy Communities Initiative (Hispanic Health Council)	1, 2
July 8	Meeting to Arrive at Recommendations	
July 17	Presentation of Recommendations to Mayor Perez	

As part of work flow control, the task force established the following work groups to explore details specific to access to care, best practices, target population and chronic diseases:

1. **Access to Care – State of the current system.**
    a. Carlos Rivera (Chair)
    b. Kurt Westby
    c. Kevin Kinsella
    d. Dr. David Henderson
    e. Alfreda Turner

2. **Best Practices – Products, systems of care.**
    a. Dr. Orlando Kirton (Chair)
    b. Dr. David Henderson
    c. Michelle Zettergren

3. **Target Population – Who are Hartford's uninsured?**
    a. Kurt Westby (Chair)
    b. Chris Hartley
    c. Dr. Bruce Gould
    d. Jeannette DeJesus

4. **Chronic Disease – Identification and management.**
    a. Dr. Bruce Gould (Chair)
    b. Dr. Orlando Kirton
    c. Chris Hartley
    d. Carlos Rivera

III. Demographics

Despite living in the capital city of the wealthiest state in our nation, many Hartford residents face daily struggles with poverty. The condition of poverty in Hartford is exacerbated by an unemployment rate which has been reported to be as high as 19% (Simply Hired, 2008). This figure compares poorly to Connecticut's overall rate of 5.2% and the nation's rate of 5.5%. (Connecticut Voices for Children, 2008), (US Unemployment Rate, 2008). In 2004, Hartford's unemployment rate included a startling 43% of all Hartford residents age 16 and above (Hartford Weed and Seed, 2004). This figure is significant because a 2007 CDC survey found that, nationally, 26.6% of young adults ages 18-24 experienced a lack of insurance (Cohen & Martinez, 2007). Given that the unemployed are frequently uninsured, these figures lend some insight into a population at risk for poor health.

In addition to struggles with unemployment, in 2007 Hartford was designated as having the 6th highest child poverty rate (43.4%) among United States cities with populations over 100,000 (Ali, 2007). While its 6th place designation in 2006 is an improvement over its 2nd place designation in 2000, Hartford's child poverty rate did not improve in this six year period. Rather

it worsened from 41.6% to 43.4%. However, the city was overtaken by Flint, MI; Springfield, MA; Detroit, MI and Jackson, TN, whose child poverty rates worsened at a greater pace.

Hartford's population remains overwhelmingly minority and is comprised of 40.5% Latinos, 38.1 % Blacks and 17.8 % Whites (MuniNetGuide, 2008). In 2008, the median income per household within Hartford was $30,745 (MuniNetGuide, 2008). This compares unfavorably with Hartford County's median income of $62,873 (MuniNetGuide, 2008). In addition, 25% of Hartford households live in poverty with 46% of families with children under the age of 18 represented in this group (US Census, 2000). Additionally, 27% of all households led by a female lived in poverty (Appendix B). The dichotomy between the rich and the poor in our state continues to create significant health disparities as 31% of Hartford residents live in poverty compared to 7.9% statewide (UCONN Urban Health Partnership, 2008).

In the absence of a city-wide survey, it is difficult to ascertain the exact identity of Hartford's uninsured. However, available data offers that some 29,000 residents (margin of error +/- 4.1) or roughly 22% of the city's residents are currently uninsured (BRFSS Survey Data, Appendix A). In answering Mayor Perez's question of, "**Who are the uninsured in Hartford?**" we find that the answer is consistent with national statistics which offer that Blacks and Latinos are at greatest risk for being uninsured. Specifically, of the uninsured in Hartford, Latinos represent 28.5% (margin of error, +/- 7.6), Blacks represent 20.9% (margin of error, +/- 6.3) and Whites represent 13.2% (margin of error, +/- 6.1) (BRFSS Survey Data, Appendix A).

Hartford's large numbers of uninsured play a critical role in the overall health status of the city. Indeed, the city's problematic health status is well illustrated by epidemic rates of diseases such as diabetes and hypertension whose prevalence rates are 120% and 29% higher respectively in Hartford than the rest of Connecticut (City of Hartford Advisory Commission on Food, 2007). These disease concerns speak to the second question posed to the task force by Mayor Perez, "**What are the primary medical concerns facing our uninsured?**" According to self-reporting from residents on the 2006 Hartford Health Survey, 40% of respondents reported a diagnosis of hypertension, 30% reported depression, 28% reported arthritis, 20% reported asthma, 17% reported diabetes and 12% reported cardiovascular disease. Data provided by the Saint Francis Hospital and Medical Center ED was also reviewed and it presented a different picture of the uninsured's struggles as it offered, in order of frequency; pregnancy, childbirth, chest pains, red blood cell disorders, appendectomy and cerebral infarctions as leading concerns. It can be easily determined that these lists of concerns are not consistent with one another. However, anecdotal reporting from physicians in our community based health centers, such as the Burgdorf/Bank of America Health Center, is consistent with the identification of hypertension, asthma, depression and diabetes as major areas of concern for the uninsured.

IV. Summary of Presentations

The following section provides a summary of the key presentations made to the task force. Each presenting group was asked to focus on approaches or avenues for making health care affordable

and accessible for the city's uninsured. Presenters were also asked to suggest improvements to Hartford's health and wellness infrastructure.

Aetna (3/11/08)

Addressing the Needs of a Diverse, Growing and Underserved Market: Aetna's Community Plan

The Crisis / The Consequences / The Causes

Approximately forty-seven million Americans are currently uninsured. Several constituent types make up this number including the poor who qualify for federal aid, the working poor who do not qualify for federal aid but who cannot afford health insurance, part-time/seasonal workers and minority populations.

The demographics of the uninsured in Connecticut mirror those of the national epidemic. Minority populations such as Hispanics and Blacks are hardest hit, representing 40% and 16%, respectively, of the County's uninsured population. Key factors causing the number of uninsured to rise include the erosion of employer-based coverage, high premiums and racial/ethnic disparities in care. As a result, the overall health of the population is at risk.

Community Plan

The mission of Aetna's Community plan is to create cultural awareness and make health care more affordable for multi-ethnic populations. The plan provides a comprehensive suite of benefits and community-based networks.

Aetna has taken an approach that emphasizes collaborating with providers, businesses and public officials to build a more affordable and culturally sensitive health care system. Special emphasis is placed on members having a medical home through a PCP who coordinates and monitors care. Critical plan attributes also include no co pays for preventive care and lower premiums for plan sponsors. The limited network consists of local providers attuned to preferences, needs and prevalent conditions of the community.

NYC Community Plan

In fourth quarter 2007, Aetna launched the NYC Community Plan. The plan focused on:

- community needs and reducing disparities in health care
- building relationships with community and business leaders
- hiring network and sales staff with strong racial/ethnic ties to the targeted communities
- negotiating collaborative agreements with providers to permit affordability.

The ultimate goal of Community Plan is to create healthy businesses and healthy communities. Aetna is achieving this goal through a multi-pronged approach, which, in part includes:

- conducting seminars and workshops on the advantages of offering health benefits to influence employee retention and attract talent
- tax advantaged health plans
- Supplier diversity
- wellness and disease management programs.

Charter Oak Plan (4/8/2008)

DSS Commissioner Michael P. Starkowski

Commissioner Starkowski offered that for the first time CT uninsured adults of all incomes and all health conditions will have access to credible and affordable health coverage through the Charter Oak Plan.

The Charter Oak Plan is designed for all uninsured CT adults. Those with incomes less than 300% of federal poverty will be eligible for a sliding scale subsidy of a portion of their expected premium costs. The target total premium for Charter Oak covered services is $ 250 per member per month, decreasing to $75 per member per month-depending on income. Charter Oak benefits are based on a commercial health insurance model, with deductibles, co-payments and co-insurance.

The Department of Social Services received technical program bids to participate in the Charter Oak Health Plan from; AmeriChoice, of Connecticut, Inc.; Community Health Network of Connecticut, Inc., Aetna Better Health, LLC, Anthem and Delta Dental. The state's timetable calls for a July 1, 2008 start date for the Charter Oak Health Plan, along with the re-contracted managed care services taking effect in the HUSKY program. The combined procurement for Charter Oak and HUSKY will cover an estimated average enrollment of 350,000 to 400,000 CT citizens for a period of at least three years and up to five years, with a total contract value projected to be in excess of $ 3.5 billion over the maximum of five years.

The current design for Charter Oak Plan includes:

1) A robust prescription package with three-tiered co-pay. The lowest co-pay, for a generic drug, would allow a prescription to be filled for $10.
2) Coverage available to enrollees with pre-existing medical conditions-the people most in need of coverage and the most difficult to insure.
3) No maximum annual benefits. Instead, a lifetime benefit up to $1 million-ensuring coverage would be available when needed.
4) Laboratory, X-ray and other diagnostics available with 20 percent co-pay.
5) Assignment of clients to primary care physician with requirements similar to most health care plans regarding prior authorizations and referrals.

6) Mental health and substance abuse treatment benefits.

- Annual pharmacy benefits were raised to $7,500 and durable medical equipment benefits to $ 4,000, with full limitation exclusion for diabetic supplies.

- The Charter Oak Plan is projected to serve and average of 19,200 adults in fiscal 2009; 24,800 adults in fiscal 2010; and 47,200 adults in fiscal 2011.

- Commissioner Starkowski stated that DSS would entertain working with the City to possibly modify the plan with the intent to defray the cost for the uninsured population in Hartford.

Community Health Services (5/6/08)

Michael Sherman- Chief Executive Officer, CHS

Community Health Services' (CHS) mission is to improve healthcare access and eliminate health disparities within the community by providing quality, comprehensive, culturally-proficient, primary and preventive healthcare services with respect and dignity, regardless of socio-economic status, with an emphasis on the underserved and the uninsured. CHS is a Federally Qualified Health Center (FQHC); as such they are committed to caring for each person who enters the door, regardless of their income or ability to pay for services and whether or not they have insurance. CHS serves a patient-base of almost 16,000 individuals and accommodates over 60,000 patient visits each year. While the majority of those CHS serves live in the primary service area of Hartford's North End community, CHS is the medical home of residents throughout the Greater Hartford area. CHS has received $3.5 million dollars in investments to renovate the second and third floors. The second floor is comprised of the Adult Medicine Center which includes Podiatry, Eye-care, and the HIV program. The Hartford Foundation for Public Giving and Hartford Behavioral Health provided funding of $400K for the renovations of the third floor, which is now home to the Dr. Evans Daniels Center for Family Medicine. The Dr. Evans Daniels Center is comprised of CHS Women's Health, Pediatrics and Adolescent Medicine Departments. Additionally, twenty new exam rooms have been built.

Challenges:

1) There are not enough specialists to care for the patients. It was suggested that providers examine and identify the inefficiencies and save dollars to convert them.
2) Between the uninsured and the undocumented patient care is putting a weight on the safety net.
3) The demand for dental is very expensive and to handle the volume capacity (CHS has 11 dental chairs) is a challenge.

Mr. Sherman also suggested that the Task Force advocate for an increase in Medicaid reimbursement.

Evolution Benefits (5/6/08)

Bob Patricelli: A Framework for Health Care Reform for CT

Mr. Patricelli feels that the real problem in health care is how the public and private sectors together including the employers, health plans, providers, consumers and the state, can achieve sustainable health care reform by: improving health status, improving cost-effectiveness, and securing access to health insurance. The insurance market and the uninsured: most people are insured (91.6%), but 8.4% are uninsured. In CT about 298,000 people are uninsured all year. Medicaid covers 355,000 people, but an additional 66,000 (22% of uninsured) may be financially eligible but not enrolled. About two-thirds of these eligible individuals are children under age 18. 66% of uninsured have a working family member, but 54% of these individuals have no access to ESI. 50,000 people are part-time workers with no access to coverage. 52% of uninsured workers and dependents are in small firms<50 employees. 25% are in large firms >1000 employees. 42% of the uninsured are young adults, only 18% are children, and 34% are non-white.

The goal of health care reform for CT should be for the state to become the healthiest state by 2020 with the focus on lowering the rate of obesity and smoking, offering quality and affordable health care, and displaying leadership in data management systems. The overall plan should be to cut the percent of uninsured by half in three years while moving towards 100% coverage over a period of time.

Recommendations:

1) Integrate private providers into the safety net.
2) Consider an employer premium contribution based on wages.
3) Avoid health information systems, plan designs and mandates.
4) Examine efficiency and the organization of the safety net.
5) Achievement of a medical home.
6) Reduction of ER visits.
7) Launch comprehensive effort to reduce obesity and smoking in the City.
8) Incorporate OBGYN services in the safety net.

Connecticut Children's Medical Center (May 20, 2008)

Dr. Richard Antonelli, Medical Home: Primary Care for the 21st Century

The Medical Home model of care is accessible, family centered, comprehensive, continuous, and culturally-effective. Medical Home provides the highest quality of care with the least disparity to access. Across income levels, African Americans are more likely to have health problems. Almost 2.5 times as many Hispanics as Caucasians report having no doctor. Nearly half of Hispanics and one of four African Americans were uninsured for all or part of 2006. The uninsured are least likely to have a Medical Home and many do not have a regular source of care. Racial and ethnic differences in accessing needed medical care are eliminated when adults

have a Medical Home. Hispanic and African Americans are more likely to rely on Community Health Centers as their regular place of care. Care coordination is a process that facilitates the linkage of children and their families with appropriate services and resources in a coordinated effort to achieve good health. National noteworthy models of medical home and care coordination: Minnesota Medicaid Transformation; North Carolina and PACE.

Recommendations:

1) Employ Results Based Accountability.
2) Healthcare systems need QI infrastructure and supports.
3) Build capacity in Primary and Subspecialty Care system to support Care Coordination
4) Partner with Title V (DPH) on regional Medical Home efforts.

Anthem Blue Cross/ Blue Shield (May 20, 2008)

Tonik –Individual Medical Solution

Overview: Parent company: WellPoint, Inc. is the largest commercial health benefits company in the U.S. and a full service carrier of medical, dental, vision, pharmacy, life, disability and employee assistance programs. Its mission is to improve the lives of the people and the health of communities. Values consist of the following: customer first, leadership through innovation, one company, one team, personal accountability for excellence, and integrity. Anthem's position on the uninsured is that the number is too high and that reducing the number of uninsured Americans will require a new partnership between the public and private sector. Anthem's parent company announced an action plan to continue to offer affordable, quality plans, transform and expand public programs for the most needy, especially children, and help the working uninsured afford coverage.

Anthem feels that Tonik could be a solution for Hartford's uninsured. Tonik was introduced in 2007-2008 and was first offered in CA; where 78% of applicants were previously uninsured. The plan is now offered in CO, CT, GA, NV, and NH. The demographics of users are men and women between the ages of 19-29; individuals that are post college/pre-marriage and have $30K annual income, heavy internet users and those seeking a customer-friendly product that is affordable and simple to apply for and manage. Anthem feels that Tonik is a good buy because it offers: first dollar coverage for preventive benefits; the plan covers medical, dental, vision and pharmacy; most Tonik plans are under $200/month; they have an automated option payment plan and offer instantly downloadable ID cards.

More than 80,000 individual enrollees, 78% previously uninsured across the country; popular with the retiree segment, has enrolled 7,000 members in CT and plans can be purchased online.

My Health Direct: The Community Collaboration (6/3/08)

Tom Reilly, Webpage Schedule Product

My Health Direct is a breakthrough in connecting health professionals and patients. It is a web-based application. My Health Direct requires only a broadband internet connection, a FAX machine and a user ID to access. This web-based tool organizes open and available primary and specialty care appointments onto a common platform. In a matter of moments, users can search, compare and actually schedule appointments within their health system or throughout the community.

Benefits:

1) Busy hospital discharge staff can search for, compare and schedule follow-up visits for patients at the bedside creating new opportunities to shorten lengths of stay and get patients connected to the community-based resources they need to stay well.
2) Primary care providers can easily search for and schedule specialty and imaging services at the point of referral. This eliminates lengthy waits and ensures that necessary follow-up care is scheduled before the patient leaves the office.
3) Reduction in emergency department overcrowding by connecting non-emergent patients with follow-up visits
4) Reduction in uncompensated care and bad debt by connecting patients with Federally Qualified Health Centers which are eligible for cost-based reimbursement.
5) Streamlines operations by spending less time on the telephone scheduling appointments
6) Document the services the clinic provides to the uninsured and the underinsured.

More than 8,500 appointments have been made since operations began in June, 2006. Hospitals, clinics, and community-based agencies in Wisconsin and Minnesota are using My Health Direct daily. This partnership enables us to capture more patient referrals and work collaboratively with the United Way 2-1-1, to improve access for all families in the community.

Community Health Network of Connecticut, Inc. (6/3/08)

Sylvia B. Kelly- President & Chief Executive Officer

Community Health Network of CT was founded in 1995 and is a not-for profit health plan. Its mission is to improve the healthcare status and well-being of the state's most vulnerable populations and communities. Community Heath Network of CT is committed to ensuring the highest quality of healthcare delivery to their members.

The following programs are administered by Community Health Network of CT (CHNCT): HUSKY A MCO, HUSKY B MCO and the State Administered General Assistance (SAGA). CHNCT current membership is 100,011 HUSKY and 36,795 SAGA clients. In Hartford there are 6,991 members enrolled in the HUSKY and 6,001 enrolled in the SAGA. CHNCT offers a

Cultural & Linguistic Access Service program which ensures that there are no barriers to receiving care for members because of cultural or linguistic needs. Of the 2,210 CHNCT members who delivered a baby in 2007, 220 (10%) lived in the City of Hartford. The average age of Hartford mothers who delivered in 2007 was 25 years old. 26.1 % of Hartford mothers who delivered in 2007 had a high risk pregnancy; comparable to the rate for all CHNCT members of 25.2%

CHNCT has the following Healthy Connections Programs:

1) Healthy Beginnings is a program in which all pregnant members are enrolled. The program includes educational mailing throughout the pregnancy and postpartum period, telephone interventions, intensive case management of all high risk-members and ongoing reassessment.
2) Healthy Kids program focuses on obtaining timely EPSDT visits for children and adolescents.
3) Healthy Airways is comprised of educational mailing to all members with asthma, along with support and intensive case management for high risk asthma members.

Additional CHNCT programs are:

1) Healthy Cells programs which offers intensive case management for all members with Sickle Cell Disease.
2) Healthy Living with Diabetes which is designed to educate and support members in caring for Diabetes.

CHNCT's focuses on building partnerships with community organizations, businesses, schools, and government agencies throughout Connecticut. CHNCT offers the following community initiatives-Choices, Healthy Minds Healthy Bodies, The Amazing Sun Race, SOLARTz, Faithfully Fit, KHAIR, and Adopt a Shelter.

Recommendations:

1) Ensure that all Hartford residents who are eligible for the HUSKY and SAGA programs are enrolled.
2) Provide premium subsidies for the HUSKY B and Charter Oak programs
3) Provide funding for non-citizens who are ineligible for HUSKY, Charter Oak and SAGA.

United Health Group (6/24/08)

Donald Langer & Jason Martiesian

United Health Group (UHG) provides a highly diversified and comprehensive array of health and well-being products and services. It serves 70 million individuals, ranks #21 on Fortune 500 and generates $80 billion in annual revenue in the Commercial Benefits and public sector markets.

The uninsured in CT are approximately 298,000 or 8.4% of the population. The uninsured in Hartford consist of 37,000 residents; a total of 12% of the population. 22% of CT's uninsured are eligible for Medicaid, but are not enrolled (66,000 of 298,000 uninsured). Most of these eligible are children. In Hartford United Health Group intends to partner with public schools in becoming an outreach partner for immunizations getting children enrolled in plans. They expect to become a provider for the Charter Oak Plan and are interested in partnering with Hartford to reach vulnerable populations.

Given that a significant percentage (34%-55%) of CT's uninsured are minority UHG wants to engage minority health providers and establish a presence in minority communities. UHG will use media outreach efforts that are culturally appropriate.

Recommendations:

1) The State should make premium assistance available to low income workers to help them enroll their children on their policies. Ex: TX &IN have used Medicaid money to help people afford their employer coverage –either for themselves, their spouse, and/or their dependents.
2) Target graduating high school students and their families and educate them about insurance, its value and available options like Charter Oak.
3) Allow small businesses flexible benefits design.
4) Offer premium assistance to low income.
5) Offer tax credit to small employers who offer coverage.
6) Make your small employer and employees aware of Charter Oak, Medicaid, and SCHIP.
7) Have Hartford partner with Community Health Centers to expand access.
8) Have Hartford partner with hospital emergency rooms to redirect patients.
9) Have Hartford press the state to help people access employer-sponsored coverage.

Universal Health Care Foundation of CT (6/24/2008

Jill Zorn, Program Officer

The Universal Health Care Foundation of CT is an independent, non-profit charity dedicated to making the health care system work for all CT residents. It envisions a system of health care that provides excellent care at an affordable cost and leaves no one out. Goals from its 2004 strategic plan include; the creation of a broad base of support for universal health care in CT and a concrete proposal to establish a universal health system in CT.

In CT approximately 10% of residents (353,000) are uninsured. Hispanics make up 10% of the states' population and 40% of uninsured; African Americans make up 9% of the population and 16% of uninsured. A 2005 survey found that 23% of American adults reported they had problems paying medical bills and only 61% of these people had insurance. Half of all bankruptcies are due to high medical bills and most of those are among people who have insurance. From 2000-2004, wages rose by 2.9%, but health insurance costs grew by 12.2%.

Drug costs have risen 2.5 times faster than the rest of health care costs in the last 10 years. By 2010, the cost of family health insurance premiums for workers making $ 30,000 a year will exceed 50% of their wages.

Universal Health Care Foundation's Research consists of three approaches:

1. One health plan serving all state residents.
2. Establish a state pool with competing private plans.
3. Expanding the health coverage safety net.

Patient safety concerns:

- Systems to prevent errors are known but not always implemented.
- Current incentives and processes are lacking to manage care; outcomes are seldom measured.
- Despite the huge increase in healthcare spending, Americans are actually less healthy than residents in other countries.

Recommendations:

1. Focus on HEALTH-focus on management of chronic disease.
2. Incorporate public health interventions.
3. Use health information technology and Medical home.
4. Balance personal responsibility with addressing disparities.
5. Employers or individuals who are satisfied with their insurance would not have to change.
6. Shared financing responsibility between employers, individuals and government.

V. Recommendations

Hartford's uninsured residents are in dire need of access to preventive and specialty care. However, access is just one piece of this puzzle as Hartford's health and wellness infrastructure must also have the flexibility and capacity to meet the needs of this population. As illustrated by the Massachusetts experience, where state mandated universal healthcare has resulted in a 6 percentage point decline in the number of uninsured (from 13% to 7%), the provision of insurance to the uninsured can have other consequences such as; spiraling cost, increased use of emergency departments for non-urgent care and problems with capacity. This last issue was demonstrated in Massachusetts by the rise in number of residents who have been unable to get care due to the lack of available physicians (Health Care Costs, 2007). Thus, it is not merely enough to insure uninsured residents; there must also be available treatment providers that are willing and able to meet their needs.

The following section acknowledges the complexity of the issues faced by the uninsured as they attempt to engage our current health and wellness system and provides recommendations that should become the cornerstones of an improved system of care for Hartford's residents.

1. It is estimated that 25,000 to 33,000 Hartford residents are currently uninsured. These individuals will be afforded access to healthcare through the following measures:
    - The availability of affordable health coverage through plans provided by Anthem and Aetna. These plans will include a comprehensive disease management program.

      See Appendix C for details on Anthem proposal.
      See Appendix D for details on Aetna proposal.

    - The Charter Oak Plan has been deemed affordable based on the state's median family income of $48,786 (211 Infoline, 2008). The plan is rendered marginally affordable to Hartford's residents by city's median family income of $30,745 (MuniNetGuide, 2008). Given this disparity in family income, the City of Hartford will seek a subsidy from the state to make the Charter Oak Plan affordable to interested residents.

    - The Department of Health and Human Services in collaboration with the State Department of Social Services will mount a campaign to identify and enroll the estimated 22% of Hartford residents who are eligible for HUSKY, SCHIP or SAGA, but not currently receiving benefits because they are not enrolled.

    - The Patient Navigator Program, which is currently housed at the Hispanic Health Council, will be re-established and expanded to include 3 FTE's. The program will interact with city health providers to identify uninsured residents and assist them in establishing a permanent medical home, as well as a source of insurance.

2. In order to finance subsidies for either low cost health plans directly provided in a high need municipality or to subsidize additional reduction of the cost of the Charter Oak Health Plan in high poverty communities such as Hartford, the state will develop a tax credit pool. The tax credit pool will allow corporations to lower their CT tax liability by purchasing the credit, the proceeds of which will go to finance subsidizes for reduced rates on the Charter Oak Plan and other low costs medical plans in high need communities.

3. The City of Hartford will improve/enhance its health and wellness infrastructure inclusive of, but not limited to:

    - The establishment of a network of local providers (FQHCs, hospital based clinics, public health clinics, and private physicians) to serve as Primary Care Providers for the uninsured.

- The incorporation of elements of the Medical Home Model:
    i. Case management
    ii. Focus on preventive care
    iii. Ongoing patient wellness education
    iv. Culturally relevant, team based care
    v. Promotion of the adoption of electronic medical records

- The creation of an information system in the model of a patient health record to facilitate the exchange of health related information between individual providers and hospitals within the network. The migration toward an electronic medical record should help to counter the fragmentation of care often encountered with this target population.

- The establishment of a medical advice line:
    i. To provide after hours medical advise to patients
    ii. To provide rudimentary case management services to help patients efficiently navigate the system

The above-detailed process will be overseen by the City's Department of Health and Human Services (HHS) in collaboration with its Public Health Advisory Council (PHAC). HHS and PHAC will be charged with hosting and reviewing progress made toward improving the state of health care in Hartford. The Director of HHS will be responsible for providing quarterly progress reports to the Mayor's Office.

4. The City of Hartford will improve access to prescription medications by methods inclusive of but not limited to:

    - Encouraging providers to prescribe the lowest priced medication to address a particular medical need.

    - Encouraging referral of patients to sources of low cost prescription medications, including Walmart, Target, Walgreens, etc. (for their $4/month programs) and FQHCs for medications at 340B pricing.

    - Encouraging the State government to approach the Food and Drug Administration (FDA) for a waiver of the requirement to discard medications after printed expiration dates and allows for a 1-2 year extension (that precludes sale) for redistribution to patients in need.

5. The City of Hartford Department of Health and Human Services will work in collaboration with all city health providers to develop a rotation schedule that ensures that two geographically accessible primary health care clinics are open Monday through Thursday until 9:00 p.m. The city will seek subsidies from the state to support this primary care coverage expansion as well as additional state funds to support increased primary care services during the weekend.

6. The Mayor's Office, in collaboration with the Department of Health and Human Services and city-wide health partners, will initiate a "Healthy Hartford" campaign which will review the city's health and wellness deficits while engaging our community and challenging residents to actively know and address their health status. This will be accomplished by:

    - A city-wide kick-off of a comprehensive "Healthy Hartford" campaign

    - Health and wellness messaging using multiple sources:
        i. Health messages on city vehicles
        ii. Public Service Announcements through media outlets.
        iii. Use of health and wellness themed banners throughout the city

    - Hosting of regular educational forums specific to chronic disease management

    - Hosting a city-wide health fair at Bushnell Park

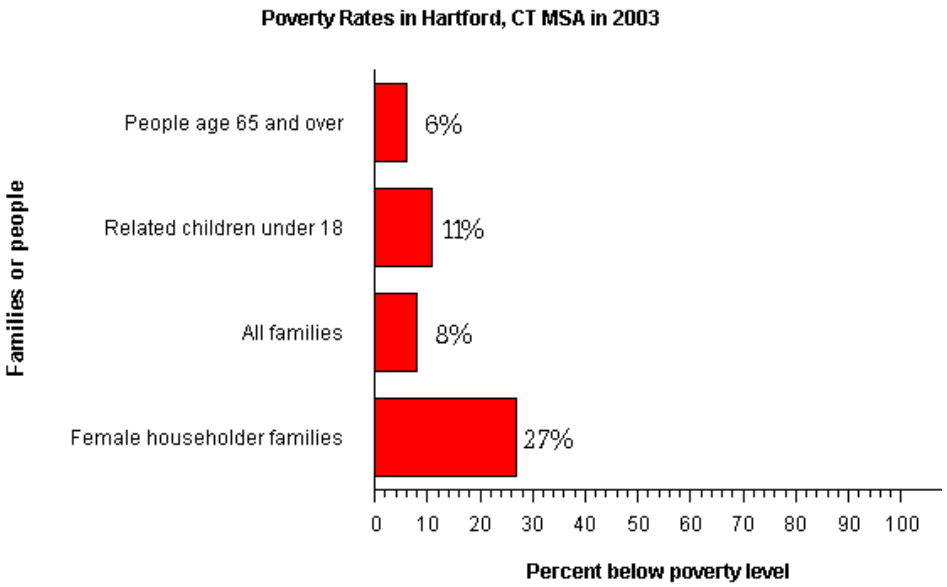
    - In coordination with its insurance partners, the city will provide incentives for employees and residents to adopt healthier lifestyles

    - Increasing number of health related activities available throughout the city:
        i. A Walk in the Park - Combining Fitness and the beauty of our parks
        ii. Lose to Win Initiative - Healthy Eating and Weight Loss Initiative
        iii. Availability of fitness apparatus in the parks
        iv. Establishing a Wellness Center for Hartford's at risk population

Appendix A

See Attachment on Hartford's Uninsured

Appendix B



Source: American Community Survey, 2003

Appendix C

See attached proposal from Anthem.

Anthem's Tonik includes the 5000, 3000 and 1500 plans. Tonik monthly premiums begin at $116.16. For complete plan pricing and options see https://www.tonikhealth.com/ct/.

Appendix D

Aetna Proposal

On behalf on my colleagues at Aetna, it has been a privilege and a pleasure to have participated on the City of Hartford Health Insurance Task force in an effort to identify viable solutions to the crisis of the uninsured. The passion and commitment that was expressed in the dialogue during these past few months is shared by my colleagues at Aetna. Aetna offers a broad range of traditional and consumer-directed health insurance products and related services, including medical, pharmacy, dental, behavioral health, group life and disability plans, and medical management capabilities and health care management services for Medicaid plans.

Aetna's commitment to the uninsured continues to be a driving force in our business model. In an effort to provide some insight into this issue, we have assembled a small work group that has explored potential opportunities. The following represents some of our thinking around this. We continue to be committed to the uninsured population and look forward to our continued participation with you and your colleagues

- A report from the Kaiser Commission on Medicaid and the Uninsured found that about 11 million of the nation's uninsured – almost a quarter – are eligible for public programs but are not enrolled. This is one area where the public and private sectors can and should come together to develop effective solutions to streamline processes for enrollment and maintenance of coverage. We propose to participate in local initiatives to identify appropriate individuals who are eligible for Medicaid and other public assistance programs and identify resources for assistance with enrollment.
- Young adults are another group that deserves our collective attention, as getting them into the health insurance system would improve the profile of the overall risk pool – which in turn would make health insurance more affordable across the board. Products specifically targeted at "young invincibles" tend to be relatively inexpensive, making the decision to spend limited resources on insurance coverage an easier one for young adults. Aetna has made significant strides to engage young adults in the market through our college student plans. We propose to make these plans available to those eligible and assist with enrollment.
- Aetna Better Health will administer Medicaid benefits for the state of Connecticut, as well as its new program, Charter Oak Health Plan, for uninsured adults who meet certain eligibility criteria. The Medicaid business includes the state's HUSKY A program, as well as Children's Health Insurance Plan (CHIP) benefits to HUSKY B members. We propose to aggressively identify and enroll eligible beneficiaries in all of these plans and engage them in all of our programs and services to ensure the highest quality of care is delivered to these members and their families.
- Aetna has set a goal of having a minimum of 80 percent of its vendors offering benefits by 2010, and all vendors offering benefits by 2011. This action step, aimed to help reduce the number of working uninsured in America, is in keeping with the company's call and work toward the transformation of the American health care system.

- Aetna reviewed several plans that included both limited benefits and more traditional "full service" benefits. It is our recommendation that if the City of Hartford were to subsidize premiums for these plans Aetna could work toward a more realistic solution for this population. Aetna would be able to create and administer a plan that would meet the needs of this population if the city agreed to:

    - Subsidize premiums
    - Access to a limited provider network
    - Support Consumer wellness/educational program

I hope these recommendations are in concert with your expectations. Again, we thank you for affording us the opportunity to participate in this work and look forward to additional dialogue and potential collaborative efforts.

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